

News-item "Credentials of Patel Chest Institute Director Questioned"

3969. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether his attention has been drawn to the news-item captioned, "Credentials of Patel Chest Institute Director questioned", which appeared in the Hindustan Times dated 31st March, 2001;
- (b) if so, his reaction thereto;
- (c) whether it is proposed to have the entire matter inquired into;
- (d) if not, the reasons therefor; and
- (e) what further steps are proposed to be taken to rectify the alleged irregularity?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) to (e) The Vallabhbhai Patel Chest Institute (VPCI), Delhi is a maintained Institution of University of Delhi under Ordinance XX(2) and administered by a Governing Body constituted by the Executive Council, University of Delhi. In the light of the above news-item, the matter was examined by the University of Delhi and it was found that the Director of the Institute fulfils all the qualifications prescribed by the executive Council of the University and the requirements of the Medical Council of India, for the post of Director, VPCI and hence there was no irregularity of any kind in the appointment of the Director of the Institute.

Specific policy on population control

3970. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government have a specific policy for population control as the population today has reached about 103 crores;
- (b) whether Government have received any specific suggestions to make law for giving rewards and facilities to one child couple and punishment for the couple having more than two children; and
- (c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) According to the provisional results compiled for the Census of India, 2001, the population of India is 1,027,015,247 as on 1st March, 2001.

Government has adopted a National Population Policy in February, 2000 which provides for an inter-sectoral agenda to bring about population stabilisation within the country.

It renders a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of people of India. It seeks to simultaneously address the issues of child survival, maternal health, and contraception, while increasing the outreach and coverage of a comprehensive package of reproductive and child health services in partnership with the voluntary sector, the non-government sector, the private corporate sector and the community.

(b) and (c) The Government of India has been receiving from time to time various suggestions for providing incentives and disincentives for promoting small family norm. Accordingly, the National Population Policy, 2000 enumerates certain promotional and motivational measures for adoption of the small family norm. These are as under:

- (1) Panchayats and Zilla Parishads will be rewarded and honoured for exemplary performance in universalising the small family norm, achieving reductions in infant mortality and birth rates and promoting literacy with completion of primary schooling.
- (2) The Balika Samridhi Yojana run by the Department of Women and Child Development, to promote survival and care of the girl child, will continue. A cash incentive of Rs. 500 is awarded at the birth of the girl child of birth order 1 or 2.
- (3) Maternity Benefit Scheme run by the Department of Rural Development will continue. A cash incentive of Rs. 500 is awarded to mothers who have their first child after 19 years of age, for birth of the first or second child only. Disbursement of the cash award will in future be linked to compliance with

antenatal checkup, institutional delivery by trained birth attendant, registration of birth and BCG immunisation.

- (4) A Family Welfare-linked Health Insurance Plan will be established. Couples below the poverty line, who undergo sterilisation with not more than two living children, would become eligible (along with children) for health insurance (for hospitalisation) not exceeding Rs. 5000, and a personal accident insurance cover for the spouse undergoing sterilisation.
- (5) Couples below the poverty line, who marry after the legal age of marriage register the marriage, have their first child after the mother reaches the age of 21, accept the small family norm, and adopt a terminal method after birth of the second child⁷ will be rewarded.
- (6) A revolving fund will be set up for income-generating activities by village-level self help groups, who provide community-level health care services.
- (7) Crches and child care centres will be opened in rural areas and urban slums. This will facilitate and promote participation of women in paid employment.
- (8) A wider, affordable choice of contraceptives will be made accessible at diverse delivery points, with counselling services to enable acceptors to exercise voluntary and informed consent.
- (9) Facilities for safe abortion will be strengthened and expanded.
- (10) Products and services will be made affordable through innovative social marketing schemes.
- (11) Local entrepreneurs at village levels will be provided soft loans and encouraged to run ambulance services to supplement the existing arrangements for referral transportation.
- (12) Increased vocational training schemes for girls, leading to self-employment will be encouraged.
- (13) Strict enforcement of Child Marriage Restraint Act, 1976.

- (14) Strict enforcement of the Pre-Natal Diagnostic Techniques Act, 1994.
- (15) Soft loans to ensure mobility of the ANMs will be increased.
- (16) The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census levels. The freeze is currently valid until 2001, and has served as an incentive for State Governments to fearlessly pursue the agenda for population stabilisation.

Release of materials to Karnataka under National Malaria Eradication Programme

3971. SHRI K.C. KONDAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government have released materials like D.D.T. to Karnataka under National Malaria Eradication Programme (Rural) and Urban Malaria Eradication Programme during 2000-2001,
- (b) if so, what is the worth of materials released to Karnataka, so far;
- (c) whether it has come to the notice of Government that every time after supplying D.D.T., Government are directing not to use the same;
- (d) whether it will not affect the said programme; and
- (e) whether Government will take steps to release the amount, instead of materials, to Karnataka under the above programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Under National Anti Malaria Programme (NAMP) (Rural), insecticides namely DDT 50% wp, Malathion 25% and Malathion Technical worth Rs. 111.11 lakhs and drugs namely Chloroquine, Primaquine, Quinine Injection and Quinine Tablets worth Rs. 180.32 lakhs have been supplied during 2000-2001 to Karnataka.

Under Urban Malaria Scheme, larvicides namely Temephos, Fenthion, Pyrethrum Extract worth Rs. 72.66 lakhs and drugs namely